Youth Suicide Prevention Community of Practice—Second Meeting – Evidence-based and Promising Practices in Youth Suicide Prevention

Wednesday, February 29, 2012
10:30 to 11:30 a.m. Eastern Standard Time

Featured Speakers: Phil Rodgers, and Lygia Williams
Moderator: Erica Streit-Kaplan
On your telephone please dial: 1-866-835-7973

The webcast will begin shortly. Your phone line is currently muted.
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Introductions

- Minnesota
- Missouri
- Nebraska
- North Carolina
- North Dakota

- Oklahoma
- Puerto Rico
- Tennessee
- Virginia
- West Virginia

- Other partners
The Best Practices Registry for Suicide Prevention: Identifying Promising and Effective Suicide Prevention Programs

CSN Community of Practice Webinar
February 29, 2012

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American Foundation for Suicide Prevention
Acknowledgements

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SPRC

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Presentation objectives

At the conclusion of this presentation, participants will be able to:

1. Describe the Best Practices Registry for Suicide Prevention (BPR).
2. Demonstrate how to access the BPR.
3. Define what “makes” a program effective.
4. List several different types of suicide prevention programs and describe why they should be considered successful.
5. Understand the importance of collaboration in the development, implementation, and evaluation of programs.
What is the Best Practices Registry for Suicide Prevention (BPR)?

The BPR is an online registry of “best practices” in suicide prevention

- Over 90 programs are currently listed in the BPR

The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention

- “Practices” is defined broadly, including programs, policies, protocols, awareness materials, etc.
A (Very) Brief Overview of Suicide Prevention
Suicide has multiple contributing factors

**Biological Factors**
- Familial Risk
- Serotonergic Function
- Neurochemical Regulators
- Demographics
- Pathophysiology

**Predisposing Factors**
- Major Mental Disorders
- Substance Use/Abuse
- Personality Profile
- Abuse Syndromes
- Severe Medical/Neurological Illness

**Proximal Factors**
- Hopelessness
- Intoxication
- Impulsiveness Aggressiveness
- Negative Expectancy
- Severe Chronic Pain

**Immediate Triggers**
- Public Humiliation Shame
- Access To Weapons
- Severe Defeat
- Major Loss
- Worsening Prognosis

*SUICIDE RISK ASSESSMENT WORKSHOP, University of Michigan*
*David J. Knesper, M.D.* Available at www.med.umich.edu/depression/suicide_assessment/
However, we often seek simple answers…

Death and Joblessness
Suicide Dogs the Long-Term Unemployed. What Can Be Done to Help Them?

By ANNIE LOWREY 8/17/10 4:30 AM

A photograph taken after a protest in Grand Rapids, Mich. (Flickr user StevendePolo)

Source: MSNBC.com August 17, 2010
But, in regards to prevention, it’s important to look at the whole story…
A basic prevention approach is to...

1. Identify risk and protective factors that are related to suicide for a given population

2. Select and implement a program that targets positive change in those risk and protective factors
To target specific factors, you need a specific tool.

The Best Practices Registry provides a list of tools.

These tools have been reviewed by experts in the field.

– using criteria dependent upon the type of tool.
How does the BPR help to prevent suicide?

The Best Practices Registry provides a list of programs that:

1. Target specific risk and protective factors related to suicide, and

2. Have been reviewed by experts using criteria related to effectiveness, or quality and safety of content.
This Month Don't Miss...

NEW! Help SAMHSA highlight advances of the behavioral health field
This year, SAMHSA turns 20 - an important milestone for the behavioral health field. To recognize the progress in prevention, treatment, and recovery, SAMHSA wants to highlight the important milestones that have occurred in behavioral health over the past 20 years and is seeking input on the most noteworthy accomplishments and changes over several years. Suggestions might include groundbreaking studies, promising legislation, important legislation and court decisions, or other great strides made by the field. The online forum is currently open and will close Monday, March 5, at 9 a.m. eastern time.

NEW! Archived presentation of SPRC Research to Practice Webinar Bullying and Suicide Prevention now available
The audio recording and pdf presentation for SPRC’s most recent Research to Practice Webinar, Bullying and Suicide Prevention, are now available for download. Presenters were Anat Brunstein Klomek, Ph.D. and Catherine Bradshaw, Ph.D., M.Ed.

NEW! THRIVE (Tribal Health: Reaching out InVolves Everyone) suicide prevention and anti-bullying materials available
The Northwest Portland Area Indian Health Board announces the availability of free suicide prevention and anti-bullying materials from the THRIVE media campaign. Community is the Healer that Breaks the Silence (suicide prevention) materials and Stand Up, Stand Strong (bullying prevention) materials are available.

More of "This Month Don't Miss"....

News Highlights

Click here to read more of this week's news.

National:
A hope that Don Cornelius’ apparent suicide opens door on taboo topic
How is the BPR organized?

SPRC Home Page (sprc.org) → BPR Landing Page

- **Section I**: Evidence-based programs
  - NREPP

- **Section II**: Expert and consensus statements

- **Section III**: Adherence to standards

Sections do not represent levels of effectiveness
<table>
<thead>
<tr>
<th>Section I (sample)</th>
<th>Section II (sample)</th>
<th>Section III (sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian Life Skills Development</td>
<td>Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment</td>
<td>Army ACE Suicide Intervention Program</td>
</tr>
<tr>
<td>Cognitive-Behavioral Therapy</td>
<td>Guidelines for School-Based Suicide Prevention Programs</td>
<td>Late Life Suicide Prevention Toolkit</td>
</tr>
<tr>
<td>Dialectical Behavior Therapy</td>
<td>Reporting on Suicide: Recommendations for the Media</td>
<td>Parents as Partners: A Suicide Prevention Guide for Parents</td>
</tr>
<tr>
<td>ED Means Restriction Education</td>
<td>Video Evaluation Guidelines</td>
<td>Interactive Screening Program</td>
</tr>
<tr>
<td>U.S. Air Force Program</td>
<td>Warning Signs for Suicide Prevention</td>
<td>Suicide Assessment Five-Step Evaluation and Triage Pocket Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PLUS 19 Gatekeeper Training Programs</td>
</tr>
</tbody>
</table>
BPR Landing Page
### Categories

#### BPR Section:
- [ ] Section I: Evidence-based Programs
- [ ] Section II: Expert and Consensus Statements
- [ ] Section III: Adherence to Standards

#### Type of Program:
- [ ] Awareness/Outreach
- [ ] Education & Training
- [ ] Guidelines & Protocols
- [ ] Screening
- [ ] Treatment (limited to psychotherapies)

#### Target Group Age:
- [ ] 6-12 (Childhood)
- [ ] 13-17 (Adolescent)
- [ ] 18-25 (Young Adult)
- [ ] 26-55 (Adult)
- [ ] 55+ (Older Adult)

#### Setting/Special Population:
- [ ] AI/AN
- [ ] Crisis Centers
- [ ] High Schools
- [ ] LGBTQ
- [ ] Middle Schools
- [ ] Support Groups
- [ ] Military
- [ ] Emergency Depts.
- [ ] Homes/Families
- [ ] Media Outlets
- [ ] Primary Care
- [ ] Workplaces
- [ ] Colleges/Universities
- [ ] Funeral Directors
- [ ] Hospitals
- [ ] Mental Health Care
- [ ] Substance Abuse Treatment

#### Gatekeeper Training (applicable in many settings and with many populations):
- [ ] Gatekeeper Training
Each BPR program has a fact sheet

<table>
<thead>
<tr>
<th>Setting</th>
<th>Type of Program</th>
<th>NSSP Goals Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>Education &amp; Training</td>
<td>5.1</td>
</tr>
</tbody>
</table>

**Program Description**

Developed by Elaine Frank and Mark Ciocca, **CALM: Counseling on Access to Lethal Means** is a 1.5 to 2 hour workshop designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms. It includes a number of components: background on suicide data and lethal means; an introduction to firearms; video presentation that models the counseling strategy; a presentation and discussion on conducting a counseling session; optional role plays; and a course evaluation.

A typical 90-minute training agenda includes:

1. The problem: Youth suicide and access to lethal means (PowerPoint, 25 minutes).
2. Introduction to firearms and their operation (PowerPoint, 15 minutes).
3. Negotiation of means restriction (video presentation, 15 minutes).
4. Conducting a family firearms assessment (PowerPoint and discussion, 30 minutes).
5. Wrap-up and evaluation (5 minutes).
Best practices or better practices?

Usually, the term “best” denotes “the best thing to do”

This would be a misnomer in regards to the BPR

More accurate to refer to BPR as “better practices registry” because…

– There are many practices that can address suicide risk

– And these practices occur in a variety of settings with a variety of persons with a variety of needs and resources

– Therefore, there is rarely a universal “best” amongst prevention programs
What if there isn’t a program in the BPR that addresses a specific need or setting…

- The BPR does not provide an exhaustive list of good/effective suicide prevention programs.
- Some BPR programs may be adapted for use in settings other than those for which they were created.
  - Example of the White Mountain Apache Tribe’s suicide prevention efforts.
It is important to consider how programs can be adapted for local use.

What changes need to be made to a program to meet local considerations?

Can these changes be made without changing critical elements of the program?

See Linda Langford’s GLS Presentation

Example #1 of program adaption

ER Intervention for Adolescent Females

Evidence-based program for use in emergency rooms for adolescent females who survived a suicide attempt

Adapted by White Mountain Apace tribe and their partners at Johns Hopkins university for use in the homes of male and female suicide attempt survivors
Example #2 of program adaption

American Indian Life Skills Development program

Evidence-based program for use in classroom settings in schools with all students

Adapted by White Mountain Apace tribe and their partners at Johns Hopkins university for use in homes with suicide attempt survivors
Conclusions

- Prevention programs typically target Risk and Protective factors.
- The BPR provides a list of reviewed programs that address Risk and Protective factors.
- If BPR programs do not meet particular needs, they may be adapted to meet those needs.
Questions?

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Remember to find out more about the BPR
visit www.sprc.org
Tennessee Lives Count

Best Practices Registry
Implementation Strategies and Sustaining Efforts
Tennessee Lives Count

Suicide Prevention Activities Pre -GLS

1. Tennessee Suicide Prevention Network
2. Jason Foundation
3. Teen Screen

Gatekeeper Training

1. ASIST
2. QPR
Tennessee Lives Count

Tennessee Lives Count/Cohort 1

1. Review Literature and Research
2. Concept Team
   a. Review status of suicide in Tennessee
   b. Review available Gatekeeper programs
   c. Obtain consensus
3. Develop MOA
Tennessee Lives Count

- Tennessee Lives Count/Juvenile Justice
  1. Data driven decision/BPR
  2. Concept team
- ASIST
- QPR
- Promise for Tomorrow

Research to practice/building on evaluation
Tennessee Lives Count

Research to practice examples from Tennessee

Shield of Care
www.gatekeeperaction.org
Tennessee Lives Count

Tennessee Lives Count III (Cohort 6)
1. ASIST
2. QPR
3. AMSR
4. Suicide Prevention Among LGBT Youth
5. Is Your Patient Suicidal/After An Attempt Series
6. After a Suicide: A Toolkit for Schools
7. Means Matters
State Updates

- Minnesota
- Missouri
- Nebraska
- North Carolina
- North Dakota

- Oklahoma
- Puerto Rico
- Tennessee
- Virginia
- West Virginia

- Other partners
Discussion

For more information contact:

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www.ChildrensSafetyNetwork.org
Upcoming Meetings

March 28
April 25
May 16
June 20

Wednesdays 10:30-11:30 Eastern Time/
9:30-10:30 Central Time